

PLENARY KEYNOTE ADDRESSES

KN 1

Caring for older people: are we doing the right things right?

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Health care around the globe is facing extraordinary challenges due to demographic changes, changing patterns of diseases and changing expectations of patients. Health care is increasingly becoming care for older people and yet we know health care is often not fitting their needs.

Quality of care in the light of budgetary restrictions in this changing world is subject of many debates. Given the size and flexibility of their work force, nurses are often considered as key players in ensuring the provision of safe, high quality and efficient health services. However, do we know when and to what extend nursing care impacts the older patients' desired health outcomes? What is the role of older patients in defining these outcomes? How do we develop and implement nursing interventions that do change older patient outcomes in a cost effective way? How do nurses integrate technological innovations in strengthening their practice in care for older people? How do we educate nurses in delivering and monitoring of evidence based interventions in care for older people? How do we inform society on nurses' contribution to quality care in a greying nation? In finding answers to these questions, an essential step is the strengthening of evidence based practice and innovation. Are we doing the right things right?

KN 2

The art of aging with comorbidities, a personal perspective

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The quintessence of Cees Smit's personal story of aging is that within 65 years, he became a person with multiple chronic diseases. He was born with severe hemophilia and therefore serious orthopedic problems and later in life he got HIV, HCV (cured by now), diabetes, renal failure and rheumatism (articular gout). While he's getting older, his caregivers are getting younger. By now, he has to deal with the 6th generation of caregivers and most of them have no clue about his medical and socio-personal life. Although so far he can co-ordinate his own care and self-care, there is a 'fear factor' on the horizon. This 'fear factor' is the complex of: the lack of coordination between caregivers, the use of multiple medications, and a possible decreasing ability to care for himself in future.

In pediatrics, rehabilitation and geriatric care, a holistic approach has been developed in which the patient is seen as a person in relation to his environment. Care encompasses also the family. In most hospitals settings for adults, such a care setting for aging older patients is in sharp contrast with the way these hospitals are organized nowadays. Cees Smit would favor a much more holistic care concept for aging patients with comorbidities as well.

KN 3

What's nursing got to do with it? The role of nurses in the care for people living with dementia

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Nurses have a key role to play in care for people living with dementia. They are uniquely placed to ensure people live well with dementia from pre diagnosis to end of life. This role has become even more important with the G8's commitment to address the shortcomings of existing care and support for people affected by dementia: both those living with the condition and their families. In the UK, as elsewhere, while pockets of excellence and innovation exist mainstream supports and services have been found to be lacking. A key emphasis in efforts to improve the quality of care has been placed on ensuring that all professionals, including nurses, have the necessary knowledge, skills and attitudes to provide effective and compassionate support to ensure people live well with dementia. In this paper I will explore nurses' preparedness to, and perspectives on, care for people with dementia and their families. I will review the key challenges they face and rewards they derive as well strategies which seek to optimise their vital contribution to living well with dementia. I will conclude by drawing implications for policy, practice and research.

KN 4

Ethical safety in care for older people

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In care of older people, an ethical basis for all actions is of special importance. In the literature, older people are often seen as vulnerable, in need of special support and respect from ethically high-level professionals. Older people, however, have lots of strengths, rights and capabilities to manage their health and use of services. In this presentation, the concept of ethical safety is used, in connection to older people. Research in the field of ethical safety is limited, even safety itself has been one of the main interests for researchers during last few years. In older people care, safety issues investigated have mainly been those connected with physical environment, like preventing falls and adverse events in institutions. In the

field of ethics, the main interest has been the issues of autonomy and dignity, which both can be seen also as part of ethical safety. In this presentation, the concept of ethical safety consists of (at least) three elements: 1) realization of the rights of older people, 2) ethical competence of professionals and 3) ethical environment. Empirical research is identifiable mainly in the first one, i.e. in the realization of rights, autonomy and dignity being examples of this. In ethical competence of professionals, some concept analysis has been made, but without connection to older people care. In ethical environment, the questions of ethical atmosphere and ethical leadership have been the main interest, but rarely in the services of older people. Thus, my aim is to discuss the comprehensive nature of the concept of ethical safety, and to open a new landscape to the ethical discussion for improving the everyday care of older people in different contexts, including home care.

KN 5

Releasing the intellectual capital of nursing: nurses as knowledge workers, workforce development implications?

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This paper considers the troubled journey of the nurse to becoming a knowledge worker, tracing the hesitant steps that have been taken to entry into higher education in the UK. Given the rising demands of the health care system in terms of the changing burden of disease and demographics the need for innovation and knowledge renewal is crucial to sustaining systems of care. This paper argues that nurses need to be in the frontline not only of care delivery but service and system design to meet patient needs and continuously improve the patient experience. This requires a radical shift in how we educate, deploy, resource and design jobs for the largest workforce and resource in healthcare. We need to equip nurses with the skills to be first class designers of care models, bringing their cognitive capability to the fore and ensuring that expertise is used in shared governance for system redesign.

KN 6

E-health, beauty is inside...

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In the upcoming years we'll be facing challenges in healthcare. Challenges to keep our care personal, warm and available to all elderly and chronically ill. Due to aging, budget cuts and changes in the healthcare landscape, the availability of our care today cannot be taken for granted in the future. Technology, like e-health, is named as a main driver to revolutionize healthcare and